

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the enrolled participant and the parent/guardian of the participant, agree and understand that swimming is a HIGH RISK ACTIVITY. I recognize that there are risks inherent in the sport of swimming, which could result in (but not limited to) paralyzing injuries and death.

The participant hereby agrees to participate in the Rappahannock Swim League program and hereby agrees to indemnify and hold harmless the Rappahannock Swim League, Inc., its coaches, officers, directors, agents, volunteers, and employees against any liability resulting from an injury that may occur to the participant while participating in the Rappahannock Swim League program. The participant also agrees to indemnify the Rappahannock Swim League, the County of Stafford, and the Curtis Park Swim Team (CPST, Inc.) from any liabilities, demands, claims, or law suits arising from the actions or inactions of the participant.

The participant and the parent/guardian of the participant authorize any representative of the Rappahannock Swim League, Inc., or the Curtis Park Swim Team (CPST, Inc.) or the County of Stafford to have the participant treated in ant medical emergency during their participation in the Rappahannock Swim League program. Further, the participant and the parent/guardian agree to pay all costs associated with medical care and transportation of the participant.

I have noted below any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

SIGNED _____ DATE _____
(Participant)

SIGNED _____ DATE _____
(Parent/Guardian)

Medical/Health Problems: